

**UNAPPROVED MINUTES OF THE HEALTH & SAFETY COMMITTEE
COFNODION HEB EU CYMERADWYO O PWYLLGOR IECHYD A DIOGELWCH**

Date and Time of Meeting:	9.30 a.m., 15 th November 2021
Venue:	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/MS Teams

Present:	Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) (VC) Ms Ann Murphy, Independent Member (Committee Vice-Chair) (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) Mr Winston Weir, Independent Member (VC) (part)
In Attendance:	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (VC) Mrs Joanne Wilson, Board Secretary (VC) Mr Simon Chiffi, Head of Operations (on behalf of Mr Rob Elliott, Director of Estates, Facilities and Capital Management) (VC) (part) Mr John Evans, Assistant Director, Medical Directorate (VC) Mr Tim Harrison, Head of Health, Safety and Security (VC) Mr Steve Morgan, Deputy Director of Workforce and OD (VC) Ms Ann Taylor-Griffiths, RCN/Joint Chair HDdUHB Staff Partnership Forum/ Chair of Ceredigion County Partnership Forum (VC) Miss Narissa Jones, Business Administration Apprentice (VC) Ms Jennifer Lewis, Manual Handling Manager (VC) Mrs Claire Williams, Committee Services Officer (Secretariat)

	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
HSC (21)72	The Chair, Mrs Judith Hardisty, welcomed all to the meeting. Ms Jennifer Lewis and Miss Narissa Jones were welcomed as new employees of HDdUHB, observing the Health & Safety Committee. Apologies for absence were received from: <ul style="list-style-type: none"> • Mr Andrew Carruthers, Director of Operations. • Mr Rob Elliott, Director of Estates, Facilities and Capital Management. • Mr Phil Lloyd, Head of Security. 	

HSC (21)73	DECLARATIONS OF INTERESTS	
	No declarations of interests were made.	

HSC (21)74	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 13th SEPTEMBER 2021	
	RESOLVED - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 13 th September 2021 be approved as a correct record.	

HSC (21)75	TABLE OF ACTIONS FROM THE MEETING HELD ON 13th SEPTEMBER 2021	
	<p>An update was provided on the Table of Actions from the HSC meeting held on 13th September 2021, with confirmation received that all actions had been completed, with the exception of HSC(21)70 – <i>To escalate matters to the HSC should the maternity and ultra violet lighting issues raised not be resolved at the H&S Trade Union Group meeting.</i> Ms Ann Taylor-Griffiths informed Members that the matter had not been resolved and that issues remain in Ceredigion regarding front line facing pregnant staff. The importance of reiterating the requirement for risk assessments to be undertaken was acknowledged in order to protect staff. Mrs Mandy Rayani confirmed that the matter is being closely monitored and that encouragement from the Maternity Services Team for pregnant women to receive the COVID-19 vaccination is continuing. Members noted that front line facing pregnant staff should be able to work from home or in a back office setting from 28 weeks of pregnancy. Mr Steve Morgan undertook to ensure that the requirement to undertake risk assessments for pregnant staff is reinforced at the Operational Delivery Group meeting and it was agreed for further communication to be issued to staff to reinforce this. Ms Taylor-Griffiths agreed to pursue the matter at the next H&S Trade Union meeting and Mr Tim Harrison undertook to follow up on the ultra violet lighting issue.</p> <p>Mrs Delyth Raynsford conveyed her thanks to Mr Harrison for forwarding the comprehensive needle stick injuries report to herself and Ms Ann Murphy following the previous HSC meeting.</p> <p><i>Mr Winston Weir joined the HSC meeting</i></p>	<p>SM</p> <p>ATG</p> <p>TH</p>

HSC (21)76	HEALTH AND SAFETY UPDATE	
	<p>Members received the Health and Safety report, providing an update on the activities of the Health and Safety Team for the period September to November 2021, including manual handling, violence and aggression (V&A), lone working devices, prevention and management of V&A, social distancing arrangements and medical sharps safety. Mrs Rayani informed Members that graphs highlighting trend data would be included within the update report going forward.</p> <p>Mr Harrison highlighted the following matters:</p> <ul style="list-style-type: none"> • Manual Handling Update – a suitable Manual Handling training facility in Ceredigion has been sourced from Aberystwyth University. • The trends relating to V&A incidents include a number of incidents relating to patients remaining in hospital for protracted periods of time, many with complex needs, resulting in verbal and physical abuse, with staff less 	

tolerant to such situations due to the psychological effects of the COVID-19 pandemic.

- The recent increase in the number of incidents at Ty Bryn Mental Health care facility has now been resolved.
- 86 sharps incidents were reported between 1st April and 29th October 2021, with a breakdown of the occupational groups involved included within the update report presented.

Mr Simon Chiffi joined the HSC meeting

Mr Paul Newman, referring to the Peoplesafe lone working devices, enquired whether the low uptake had now been resolved. In response, Mr Harrison confirmed that uptake had increased and training had been undertaken during the previous two months to resolve any issues experienced by staff. A reserve supply of devices is being retained by the Health and Safety Department to issue in response to incidents. Eight devices have been issued to staff as a result of personal threats being made or as a result of reported domestic violence.

Mrs Hardisty enquired whether there are any concerns in relation to areas/services that have not taken up their allocation of devices. In response, Mr Harrison confirmed that a number of areas require targeting, including mental health (MH) and therapy services. Whilst the Health & Safety Team is continuing to actively liaise with the MH services management team, following Mr Harrison's attendance at a recent Therapies Service Quality & Safety meeting, it was apparent that staff are unaware of the devices involved, therefore further work will be undertaken with therapy services. Mrs Rayani suggested other service areas where it would be useful to see the uptake in the use of devices including portering and estates staff due to their night-time and lone working practices. Mr Harrison confirmed that there had been an improvement in the radio equipment issued to portering staff and that lone working devices had also been issued to domestic staff who primarily work on their own.

Mrs Raynsford expressed some concern in regard to the domestic violence issues referred to within the report and enquired whether this information is triangulated and dealt with in collaboration with the police in order to ensure that staff feel safe and supported. Mr Harrison undertook to ensure that any domestic violence issues are discussed with the victim's line manager and the local Workforce Manager, if required.

Referring to staff being less tolerant to violence and aggression situations due to the psychological effects of the pandemic, Mrs Raynsford enquired whether this information is disseminated to Workforce colleagues. In response, Mrs Rayani confirmed that Health and Safety Colleagues liaise with both Workforce and Safeguarding colleagues in this regard. Mr Morgan reiterated the wellbeing measures and support in place for the staff involved.

In response to whether there has been an increase in the number of bariatric patients and whether there is sufficient lifting equipment in place to support staff, Ms Jennifer Lewis advised that the main concern is ensuring that staff have access to the right equipment to manage bariatric patients. Due to the large geographical area of HDdUHB and the required storage of

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equipment, the logistics of being able to access the right equipment as swiftly as possible is causing some concern, together with a lack of knowledge on behalf of ward staff in terms of knowing where equipment can be sourced. Ms Lewis added that additional work needs to be undertaken in terms of having an appropriate pathway in place as soon as a bariatric patient arrives in hospital in order to avoid delays in obtaining the required equipment. Mrs Hardisty enquired whether the storage issues are being considered by Estates colleagues in terms of work related to the future-proofing of sites. In response, Mr Simon Chiffi emphasised the complexity of storage matters and although regular collaborative working is undertaken with clinical leads, a wider conversation would be required in order to support services moving forward. Ms Lewis reiterated that the resolving of storage issues would lead to an increase in staff knowledge.

Members gained assurance from the Health and Safety Update report that work has progressed and improvements have been made in relation to the various health and safety themes detailed within the report.

The Committee gained **ASSURANCE** from the report that work has progressed, and improvements have been made in relation to the various health and safety themes as detailed within the report.

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(21)77

FIRE SAFETY UPDATE REPORT

Members received the Fire Safety Management Report, providing an update on progress in managing the following areas of fire safety:

- Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM).
- Fire Safety Management.
- Fire Safety Governance.

Mr Chiffy highlighted the following matters:

- The outstanding door set relating to the vertical escape routes at Withybush General Hospital (WGH) and St Caradog's Ward, Haverfordwest, was completed on 6th November 2021.
- The three stage compliance assessment for door and workmanship quality is being commenced and is due to be signed off by the relevant Watch Manager, Mid & West Wales Fire & Rescue Service (MWWFRS).
- Phase 1 works remain hugely challenging and MWWFRS continues to be kept fully up-to-date with any adjustments to the programme on this phase of works. Funds of £2.3 million have been supported by Welsh Government (WG).
- Phase 2 works remain on target to be completed by April 2025, however this will be reviewed upon completion of the Business Case.
- HDdUHB has confirmed that there is no available capacity at WGH for a temporary decant ward and also no appropriate facility in any community hospital due to the acuity of patients and distances for clinical staff to travel.
- The vertical escape routes advanced works at Glangwili General Hospital (GGH) have all been completed, with the exception of three individual doors due to restrictions placed on contractor access due to their proximity

to COVID-19 related facilities. It is anticipated that the remaining works will be completed by 30th November 2021.

- The Business Justification Case for Phase 1 - all remaining horizontal escape routes at GGH was submitted to WG in September 2021 and two sets of queries have been fully responded to. On a positive note, WG has requested cash flow forecasting, working to an approval date of early November 2021, in order to forecast expenditure to 31st March 2022. This will be a highly challenging and complex project, valued at an outturn of £16.5m.
- Additional letters of fire safety matters - works relating to Tregaron had been due to be completed by 15th November 2021, however the timescale has been extended to mid December 2021 due to contractors returning to site. The works relating to GGH have only one item remaining, with it anticipated that this will be completed by the end of November 2021. Remaining actions at Greville Court are due to be undertaken by ATEB (property owner), with it anticipated that these will be complete by March 2022. The BGH main building is a complex matter and delivery on the requirements of this part of the notice will be undertaken in a phased approach, with completion anticipated in May 2022. The majority of work has been undertaken in relation to the BGH residential blocks. MWWFRS are being kept fully updated with regard to delivery dates.
- Six fire risk assessments (FRA) remain overdue, however Members were pleased to note that the FRAs would be completed by December 2021.
- The Boris Fire Risk Assessment Management System is currently being rolled out, with it anticipated that the system will be fully implemented by the end of December 2021.
- Fire safety training for levels one and two compliance is increasing and it is anticipated that the re-introduction of face-to-face training will increase the level three compliance to the 80% target.
- Interviews for the Head of Fire Safety Management were undertaken on 12th November 2021 and an offer will be made to the successful candidate on 15th November 2021; this will result in a vacancy within the Fire Safety Team with a plan in place to manage this.
- An audit against the Fire Safety Policy will be completed by 31st December 2021.

Ms Ann Murphy commended the work achieved during the previous two months. Referring to discussions between HDdUHB and MWWFRS, Ms Murphy enquired whether these conversations are documented in writing. In response, Mr Chiffi confirmed that the MWWFRS official approach indicates no requirement to sign-off or acknowledge progress until a review of the works is undertaken in its entirety. However, differing approaches are undertaken by MWWFSR colleagues across the counties, with Pembrokeshire County Command always providing an e-mail acknowledgement. However, positive working relationships are in place and assurance is received that matters are expedited promptly. Ms Murphy expressed some concern in regard to the lack of written confirmation and Mrs Rayani added that e-mail correspondence would not constitute a sufficient record as emails are not logged formally, and that there should be a formal letter sent to MWWFRS summarising the nature of the conversations held, with a common approach expected across the counties. Mr Chiffi was requested to pursue this matter with the newly

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	<p>appointed Head of Fire Safety Management. Mrs Joanne Wilson advised that the MWWFRS had previously been requested to send all correspondence to the Chief Executive's office and that there should be no reason why this system could not be reinforced. It was agreed that all communications should be followed up in letter form, in order to maintain a log of matters discussed.</p> <p>Members noted that early indication had been received with regard to a fire inspection due to be undertaken at Prince Phillip Hospital (PPH), Llanelli, prior to 31st December 2021.</p> <p>The Fire Safety Update report was noted and acknowledged by Members.</p> <p><i>Mr Chiffi left the HSC meeting</i></p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the content of the report and ACKNOWLEDGED the work achieved to strengthen fire safety compliance. • NOTED that further updates would be presented at future HSC meetings. 	

<p>HSC (21)78</p>	<p>UPDATE ON PREVENT AND CONTEST</p> <p>Members received the Update on PREVENT and CONTEST Strategy, Serious Violent and Organised Crime (SVOC) Strategy and Community Safety Partnerships report, noting that HDdUHB has a duty under the Counter Terrorism and Security Act (CTSA) (2015) to have due regard to the need to prevent people being drawn into terrorism and to act positively to report concerns.</p> <p>Ms Taylor-Griffiths referred to an incident whereby 13 members of staff at the Thomas Parry Library Vaccination Centre, Aberystwyth, had been targeted and sent letters personally addressed to them, following a photograph of the group on the HDdUHB Charities Facebook page. Members noted that the matter has been referred to the police and is on-going. Mrs Hardisty, expressing concern with regard to the release of staff personal addresses, was re-assured that the letters had been sent to the staff members work addresses rather than their home addresses.</p> <p>Mrs Raynsford enquired whether all of the staff at the isolated Thomas Parry Library Vaccination Centre have taken up the opportunity of requesting a personal alarm particularly in light of the darker evenings ahead. In response, Ms Taylor-Griffiths emphasised that staff do not leave the building alone after dark and that there is excellent security in place 24 hours a day, seven days a week in order for staff to feel protected.</p> <p>Referring to the terrorist incident at Liverpool Women's Hospital on 14th November 2021, Mrs Raynsford enquired how HDdUHB is ensuring that premises are safe and whether there are any concerns the HSC should be aware of. In response, Mr Harrison emphasised that the potential for terrorist activity is a challenge across all sites given the openness of the buildings, however day-to-day security concerns provide a wider challenge than terrorist activity. If security was improved across sites, it would provide a far swifter lock-down facility if required. In 2018, a survey was undertaken by the Home Office Counter Terrorism and Security Advisors in</p>	
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	<p>relation to HDdUHB’s physical security arrangements which covered all acute hospital sites and contained 14 recommendations for improvement, some of which remain outstanding. Members noted that a report would be presented to Executive Team regarding security and would include a counter-terrorism review. Mrs Rayani reiterated that all sites would be expected to have an updated risk assessment in place in light of the recent terrorist activity. Members were pleased to note that there is an effective form of awareness in place relating to terrorist and high risk activity within the region and noted that intelligence should be used in a more constructive way moving forward in terms of management plans. The separation of what is required to support the safety of operational sites versus what is required within corporate teams would be progressed.</p>	
	<p>The Committee NOTED and DISCUSSED the Update on PREVENT – CONTEST Strategy, Serious Violent and Organised Crime (SVOC) Strategy and Community Safety Partnerships.</p>	

<p>HSC (21)79</p>	<p>HEALTH & SAFETY EXECUTIVE (HSE) ENFORCEMENT ACTION UPDATE</p> <p>Members received the Health and Safety Executive (HSE) Enforcement Action report, providing an update on the continuing work towards compliance with the enforcement notices served against HDdUHB by the HSE in October 2019, expanding upon the previous reports presented to HSC during the previous two years, and the developments since the previous report presented to the HSC on 13th September 2021.</p> <p>Members were informed that HDdUHB received an official letter following site visits undertaken by HSE Inspectors in July 2021 stating that, although good progress had been made on the manual handling Notices, some aspects remained to be completed in order to achieve full compliance. The Inspector therefore formally extended IN2 (improvement notice) and IN7 to 24th September 2021 to synchronise compliance dates of the existing outstanding Notices for IN6 and IN8. The HSE letter focused on four key areas for improvement - leadership, monitoring, competence and audit - and specified the actions required under IN2 and IN7 in order to reach a satisfactory level of compliance. As the HSE had already received all of HDdUHB’s evidence to date, a final overarching action plan was developed to specifically track the additional work concerning the remaining INs in one location. Mr Harrison was pleased to report that all INs had been complied with and the HSE Inspector visits to WGH, South Pembrokeshire Hospital (SPH) and Amman Valley Hospital (AVH) during October 2021 had been extremely positive, although a couple of concerns had been raised following the visit to GGH. A meeting between the HSE Inspector and HDdUHB leadership is scheduled for 24th November 2021.</p> <p>Mrs Hardisty expressed gratitude for the substantial work undertaken, commenting that the compliance achieved is testament to this work. Ms Murphy also expressed gratitude to Mrs Rayani, Mr Harrison and the Team involved for all the work undertaken during the previous two years. Mrs Rayani emphasised the improved level of engagement through general management and the significant changes in structure compared to two years ago, warmly recognising the work undertaken by Mr Harrison, the</p>	
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	<p>Health and Safety Team and operational managers. Mrs Rayani confirmed that pro-active working in terms of future ambition would be taken forward.</p> <p>Mr Newman acknowledged the positive report and enquired whether the previous concerns raised by the HSE associated with leadership in BGH have been resolved. In response, Mrs Rayani confirmed that staff are now more compliant and have an understanding of their responsibilities.</p> <p>Mr Weir enquired whether the HSE Inspector had visited any mental health facilities during their visit, and in response, Mr Harrison confirmed that the recent inspection did not include any mental health facilities, however previous visits had involved mental health services.</p> <p>Mrs Hardisty acknowledged the amount of work undertaken and expressed gratitude to the staff involved.</p>	
	<p>The Committee gained ASSURANCE from the HSE Enforcement Action Update Report that the necessary work had been completed in compliance with the Notices served against HDdUHB.</p>	

<p>HSC (21)80</p>	<p>PREMISES AND SECURITY UPDATE (DEEP DIVE)</p>	
	<p>Members received a Premises and Security Deep Dive presentation, providing an update concerning physical and system security. Mr Harrison emphasised the importance of having security in place in order to maintain a safe and secure environment to promote the highest possible levels of healthcare and the Health Board's duty under CONTEST CYMRU to protect, prepare and prevent. Members were informed that it is anticipated that the "smoke free sites" enforcement would be required to be undertaken by HDdUHB staff as opposed to local authority staff, and concerns were expressed that this may be challenging to achieve without a security guard workforce. Referring to the risk, threats and vulnerabilities highlighted within the presentation, Mr Harrison emphasised the vulnerability of a lack of a security guard force across acute hospital sites which are vulnerable and raised the importance of the security presence at the mass vaccination sites. However, on a positive note, there are a number of access control systems in place; each of which are stand-alone systems although none of which can be managed remotely. The reliance on porters to respond to violence and aggression incidents and the subsequent impact of removing them from their day-to-day tasks was acknowledged. Members noted that a security report would be presented to the Executive Team prior to 31st December 2021.</p> <p>Mr Morgan, emphasising the complex security challenges associated with the open nature of HDdUHB hospital sites, enquired what the on-going requirements would be in terms of infrastructure. In response, Mr Harrison informed Members that a recent security benchmarking exercise had been undertaken with Cardiff and Vale UHB (C&VUHB), where it had been identified that HDdUHB has more work to do to enhance security arrangements. Mr Morgan emphasised that C&VUHB is predominantly based over one site in comparison to HDdUHB's multiple sites, thereby making it more complex and costly to spread resources across HDdUHB.</p>	

	<p>Mrs Raynsford, being cognisant of lone working and the semi-rural sites scattered across HDdUHB, enquired about security arrangements in other Health Boards, expressing some concern about utilising portering staff for security purposes given the workforce profile. Mrs Raynsford further enquired whether the commissioning of local businesses to provide security systems could be discussed at the Sustainable Resources Committee (SRC). In response, Mrs Rayani confirmed that Mr Harrison has been requested to consider the level of operational security model that would be required due to the diversity and nature of services provided by HDdUHB. It was confirmed that this would be pursued with Mr Andrew Carruthers, Director of Operations, outside of the HSC meeting, prior to discussion by the Executive Team, to be followed by a presentation to the HSC in the new year.</p> <p>Mr Weir, in his SRC Chair capacity, welcomed the submission of a security commissioning report to a future SRC meeting, and reiterated the importance of ensuring that staff feel safe whilst undertaking their work.</p> <p>Members noted the Premises and Security update presentation and further noted that the matter would be considered by the Executive Team and included, as appropriate, within the HDdUHB risk register.</p>	
	<p>The Committee ACKNOWLEDGED the vulnerabilities highlighted in the presentation and noted the proposed next steps:</p> <ul style="list-style-type: none"> • A qualified, skilled dedicated security workforce to promote all aspects of person and asset protection, including responses to emergencies, lockdown, protest, deliberate or clinically related violence and aggression. • Physical security measures to be improved including site access. • All external doors and selected internal doors to be capable of a dynamic lockdown. Access control rights to be maintained with strict control of access tokens. • CCTV to be updated and fit for registered purpose, ideally on a singular platform for all main sites. • Ownership of security by individuals at a local management level. 	
<p>HSC (21)81</p>	<p>MANUAL HANDLING COMPLIANCE (DEEP DIVE)</p> <p>Members received the Manual Handling Compliance presentation, noting that the Manual Handling Operation Regulations 1992 places a statutory duty on HDdUHB to:</p> <ol style="list-style-type: none"> 1. Control risk associated with the handling of loads, and 2. Where the risks are deemed significant, to reduce or eliminate those risks to employees. <p>Mr Harrison confirmed that manual handling compliance is currently being well managed with a Manual Handling Policy in place to control risks associated with the handling of loads, and where the risks are deemed significant, to reduce or eliminate them using suitable and sufficient control measures. External assurance has been received from the recent HSE endorsement that HDdUHB had satisfactorily complied with the effective</p>	

	<p>arrangements for the monitoring and reviewing of the implementation of the Manual Handling Policy.</p> <p>Members gained assurance from the update presented and the thorough overview of the risks and mitigations in place.</p>	
	<p>The Committee gained ASSURANCE from the Manual Handling Compliance presentation received.</p>	

HSC (21)82	CORPORATE RISKS ASSIGNED TO HEALTH & SAFETY COMMITTEE	
	<p>Members received the Corporate Risks Assigned to Health and Safety Committee report, noting the two corporate risks aligned to HSC (out of the 13 that are currently on the Corporate Risk Register), as the potential impacts of these risks relate to the health and safety of patients, staff and visitors:</p> <ol style="list-style-type: none"> 1. Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO) – risk score 15. 2. Risk 1016 – Increased COVID-19 infections from poor adherence to Social Distancing – risk score 10. <p>Members noted there had been no change to the risk scores since these were reported to the previous HSC meeting.</p> <p>Referring to Risk 813, Mrs Rayani informed Members that the risk had been discussed with Mr Carruthers in terms of the fire risk actions, with work undertaken to ensure risks are up-to-date to determine their risk score and to ensure the narrative provided is comprehensive. Whilst recognising that additional work is required in terms of ensuring compliance, it was noted that significant progress has been made. An update relating to Risk 1016 was presented to Executive Team on 10th November 2021, with a recommendation made to reduce social distancing in non-clinical areas from 2 metres to 1 metre. Members noted that reducing the risk to the target risk score may be considered, however Mrs Rayani remained mindful of the current increased community transmissions rates and the recent re-introduction of restrictions on hospital visiting. It was further noted that the wearing of face coverings remains in place as a requirement when walking in corridors, around offices, etc.</p> <p>Ms Taylor-Griffiths enquired as to the impact of the reduction in social distancing on staff who were previously shielding and are now working in back office facilities, being cognisant of anticipated anxieties of working in a restricted space. In response, Mrs Rayani assured Members that risk assessments would be undertaken, and in spaces such as staff canteens, mitigations would continue to be in place. Mr Morgan added that data relating to shielding/back office redeployment is regularly reported to the Operational Delivery Group. Mr Harrison reiterated that generic risk assessments are undertaken in line with WG guidance, with further advice is awaited from Executive Team.</p>	
	<p>The Committee gained ASSURANCE that:</p> <ul style="list-style-type: none"> • All identified controls are in place and working effectively. 	

	<ul style="list-style-type: none"> All planned actions would be implemented within stated timescales and would reduce the risk further and/or mitigate the impact, if the risk materialises. 	
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HSC (21)83	PLANNING OBJECTIVES UPDATE	
	<p>Members received the Planning Objectives report, providing an update on the progress made in the development (delivery) of the two Planning Objectives (PO) under the Executive leadership of the Director of Public Health that are aligned to the HSC:</p> <ul style="list-style-type: none"> <i>4H: Review and refresh the Health Board's emergency planning and civil contingencies/public protection strategies and present to Board by December 2021. This should include learning from the COVID-19 pandemic.</i> <i>4I: Achieve Gold level for the Defence Employers Recognition scheme by March 2022.</i> <p>Members were informed that PO 4I has been achieved and is therefore closed.</p> <p>In regard to PO 4H, Mr Harrison informed Members that he is awaiting a response from Ms Sam Hussell, Head of Health Emergency Planning, in terms of the reason for deferral of the PO and undertook to follow up for a response. Mrs Wilson suggested that the reason for the deferral may be due to a re-wording of the PO and informed Members that Ms Alison Shakeshaft, Director of Therapies, would be covering this portfolio in the absence of the Director of Public Health for the coming six months.</p> <p>Referring to PO 4I, Mrs Hardisty enquired whether there is a review process in place and Mrs Rayani undertook to obtain clarity on this.</p>	TH MR
	<p>The Committee received an ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the HSC, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, raising any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.</p>	

HSC (21)84	HSC WORKPLAN 2021/22	
	<p>The Committee received the Health and Safety Committee workplan for 2021/22 for information.</p> <p>The Committee NOTED the Health and Safety Committee workplan for 2021/22.</p>	

HSC (21)85	ANY OTHER BUSINESS	
	There was no other business discussed.	

HSC (21)86	MATTERS FOR ESCALATION TO BOARD	

	<p>The following matters were agreed for escalation to Board:</p> <ul style="list-style-type: none"> • To assure the Board on the progress made against the HSE enforcement actions resulting in their closure. • To update the Board on the review of security arrangements across the Health Board with a security report to be presented to the Executive Team. • The significant progress made in terms of the actions required of the Health Board by the Mid & West Wales Fire & Rescue Service. • To assure the Board that the matters of concern escalated in the previous HSC Update Report associated with leadership in BGH have now been resolved. <p>Mrs Wilson requested that the HSC Update Report to Board be prioritised in order for it to be included in the November 2021 Public Board papers.</p>	CW
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HSC (21)87	DATE & TIME OF NEXT MEETING	
	10th January 2022, 9.30 a.m. – 11.30 a.m.	